B. CCUNTY (If overside corporate limits, give TOWNSHIP only) Inside Limits CR (IF (IF overside corporate limits, give TOWNSHIP only) Inside Limits CR (TOWN Grand Township) (If overside corporate limits, give Township) (Inside Limits CR (IF OWN Grand Township) (If overside corporate limits, give location) (I ength of stoy in 1b) CR (IF OWN Grand Township) (If overside corporate limits) (IF ownship) (IF overside corporate limits) (IF ownship) (I	CUED NOV. C		THE DIVISION OF HE		398	997
1. PLACE OF DEATH 6. COUNTY 6. COUNTY 1. COUNT	HILLUNOV 25	1957	STANDARD CERTIF	ICATE OF DEATH	STATE FILE	1-4-
b. COLNY (If ourside corporate limits, give TOWNSHIP only) Inside Limits OR COLOR OF ACCOUNTY (INOT inhapital, give location) Length of stoy in Ib OR COLOR OF ACCOUNTY (INOT inhapital, give location) Length of stoy in Ib OR COLOR OF ACCOUNTY (INOT inhapital, give location) Length of stoy in Ib OR COLOR OF ACCOUNTY (INOT inhapital, give location) Length of stoy in Ib OR COLOR OF ACCOUNTY (INOT inhapital, give location) Length of stoy in Ib ORATH DURY (Type or print)  5. SEX OR COLOR OF ACCOUNTY (INOT Inhapital, give location) NOT INDORED DISTRIPTION (Give location) Length (INOT INDORED DISTRIPTION (Give location) Lengt		Registration District	Pr			
OR TOWN GRACE TOWNShip   Vest   Not   OR TOWN GRACE   TOW	· · ·	Clark			E (Where deceased lived. If institution b. COUNTY (	lack (Markette )
3. NAME OF DECLARED (Type or print)  3. NAME OF DECLARED (Type or print)  5. SEX  6. COLOR OR RACE  WIDOWED ID DIVORCED (III)  WIDOWED ID DIVORCED (III)  WIDOWED ID DIVORCED (III)  WIDOWED ID DIVORCED (III)  B. DATE OF BIRTH  9. ACE (In years   IV UREN I YEAR)   IV UREN I YEARS   I	OR 🕜	orporate limits, give TOWN	.   .		muston I	Inside Limits
TYPE OF PITAL  TYPE OF PITAL  TO SEX  6. COLOR OR RACE  TO MARRIED   NEVER MARRIED   B. DATE OF BIRTH   S. AGE (In years   FUNDER   YEAR) BY WINDINGED   DIVORCED   D	HOSPITAL OR	f NOT inhospital, give loc	cation) Length of stay in 15	a. 31KEE1	(If out ode, give locat	ion) Yest No 🗆
5. SEX   6. COLOR OR RACE   NAMED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In geers IF UNDER 174AB PER NEW NAME OF BUSINESS OR INDUSTRY OF DIVORCED   NEW NAME OF BUSINESS OR INDUSTRY OF BUSINESS	DECEASED	<b>1</b>	Middle	Peteric	OF 524	Day Year . 15-1957
during boat for working iss, even if jestical states and states and states are states as the states and states are states as the states are states are states as the states are states are states as the states are states ar	5. sex 6.	COLOR OR RACE 7. MAI	4	Jely 5-18	78 last birthday) Months	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES:  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one could fer ling for (a), (y), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  Conditions, if ans.  which gaze rise to above cause (or ling) one could fer ling for (a), (y), and (c).]  Conditions, if ans.  which gaze rise to above cause (or ling) one could fer ling for (a), (y), and (c).]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19. WAS A PERFORMANCE OF THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of liem 18.)  20c. ITIME OF HOUR Month, Day, Year INJURY (e, g, in or about home.  20c. INJURY OCCURRED WORK AND WORK  20c. INJURY OCCURRED OF AND WHILE OF INJURY (e, g, in or about home.  20c. INJURY OCCURRED OF AND WHILE OF INJURY (e, g, in or about home.  20c. INJURY OCCURRED OF AND WHILE OF AND WORK OF OCCURRED OF AND WORK OF OCCURRED OF AND WAS	during tropt of working	lift even if retired)	IND OF BUSINESS OR INDUSTRY	Mus	rsaciri (	ZEN OF WHAT COUNTRY?
18. CAUSE OF DEATH [Enter only one course for line for (a), (5f. and (c).)   18. CAUSE OF DEATH [Enter only one course for line for (a), (5f. and (c).)   18. CAUSE OF DEATH [Enter only one course for line for (a), (5f. and (c).)   18. CAUSE OF DEATH [Enter only one course for line for (a), (5f. and (c).)   18. CAUSE OF DEATH [Enter only one course (b)   18. CAUSE OF DEATH [Enter only one course (b)   18. CAUSE OF DEATH [Enter only one course (b)   18. CAUSE OF DEATH [Enter only one course (b)   18. CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)   19. WAS A PERFOLUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)   19. WAS A PERFOLUTION OF DEATH IN PART II.(a)   19. WAS A PERFOLUTION OF DEATH II.(a)   19. WAS A PERFOLUTIO		e Story		14. MOTHER'S MAIDEN NA	L Daceglas	)
ONSERT IN DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  Conditions, if any, which gave rise to above cause (c), stating the underliging cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION II	15. WAS DECEASED EVER IN (17 se unknown)	U. S. ARMED FORCES? s. give way or dates of service	16. SOCIAL SECURITY NO.	Mrs. Friend	Varness- F	arminaten 4
Conditions, if any, which gave rise to which gave rise to the desired power course (1) and the material power course (1) and the under t	PART I, DEATH W	AS CAUSED BY:	line for (a), (b), and (c).	AC7	e ~ ~ hase	INTERVAL DE TWEEN ONSET AND DEATH
which gave rise to above cause (a), stating the under-lying cause lost.  Due to (c)  PART II. Other Significant Conditions Contributing to Death But not related to the Terminal Disease Condition Given in Part I(a)  PART II. Other Significant Conditions Contributing to Death But not related to the Terminal Disease Condition Given in Part I(a)  Due to (c)  PART II. Other Significant Conditions Contributing to Death But not related to the Terminal Disease Condition Given in Part I(a)  PART II. Other Significant Conditions Contributing to Death But not related to the Terminal Disease Condition Given in Part I(a)  PART II. Other Significant Conditions Contributing to Death But not related to the Terminal Disease Condition Given in Part I(a)  PART II. Other Significant Conditions Contributing to Death But not related to the Influence of Influen	Conditions, if an	N. ) PILE TO (A)	)			-
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY a. m.  p. m.  20d. INJURY a. m.  p. m.  20d. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  21. I attended the deceased from form of the date stated above; and to the best of my infowledge, from the case 22a. Sugnaring (Degree or III)  22a. Sugnaring 22b. Address  22a. Sugnaring 22b. Date Of Cemetery or Crematory 22d. Location (City, town. or county)  Sunce 22b. Address  22c. Date RECO. By Local Reg. 22d. Address  22d. FUNERAL DIRECTOR Address  25d. Date RECO. By Local Reg. 26d. Address  25d. Address  25	which gave rise above cause (a stating the unde lying cause las	to ), ), )			. 1	
20c. TIME OF Hour Month, Day, Year INJURY a.m., p. m.  20d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK OR LOCATION COUNTY WHILE AT WORK AT	<u>5</u>	GNIFICANT CONDITIONS CONTRIB	LITING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	_	19. WAS AUTOPSY PERFORMED?
20d. INJURY a. m. p. m.  20d. INJURY OCCURRED  WHILE AT   NOT WHILE   farm, factory, street, office bldg., etc.)  21. I attended the deceased from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to the best of my knowledge, from the cause of the date stated above; and to th	20a. ACCIDENT SUI	1	DESCRIBE HOW INJURY OCCURE	RED. (Enter nature of infu	ry in Part I or Part II of item 18.)	
WHILE AT   NOT WHILE   farm, factory, street, office bidg., etc.)  21. I attended the deceased from   Death occurred at   Section   Sect	S INJURY a.m.	Month, Day, Year				
Death occurred at	WHILE AT THE NOT W	HILE 🗀 farm, factor	IJURY (e.g., in or about home, y, street, office bldg., etc.)	, 20/. CITY, TOWN, OR LO	CATION COUNTY	STATE
22a. SIGNATURE  (Degree or IIII)  22a. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  (S. HALL ALL DIRECTOR  ADDRESS  24. FUNERAL DIRECTOR  ADDRESS  25. DATE BECD. BY LOCAL REG.  25. PIGISTAR'S GRATURE  (List of the county)  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  25. DATE BECD. BY LOCAL REG.  26. PIGISTAR'S GRATURE  (List of the county)  27. DATE BECD. BY LOCAL REG.  28. PIGISTAR'S GRATURE  (List of the county)  29. DATE BECD. BY LOCAL REG.  20. PIGISTAR'S GRATURE  (List of the county)  20. DATE BECD. BY LOCAL REG.  20. PIGISTAR'S GRATURE  (List of the county)  21. DATE BECD. BY LOCAL REG.  22. DATE BECD. BY LOCAL REG.  23. PIGISTAR'S GRATURE  (List of the county)  (S. PIGISTAR'S GRATURE  (DESCRIPTION OF COUNTY)  (DESCRIPTION OF	21. I attended the d	eceased from lo	15/10/	low B	- ۱۱۰۵ ۱۵۹۱ مصنط <del>م</del> ۱۹۹۳ ۱۹۹۵ - ۵۱۱۵	100-14
230/BUBIAL, CREMATION 230, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (S. REMOVA, (Sparify) Nos. 17-1957 Grew Hade Ce Farmingtons Salvand Director Address 25. Date ACCD. BY LOCAL REG. 25 ABGISTAR'S GRATURE (List of County) (S. Juliug - Kahahaha (1/18-57) H. Juliug - Kahahaha (1/18-57)			<u> </u>		the best of my knowledge, fr	om the causes stated.
Remova (Specify) Ros. 17-1957 Green Hade Co. Farmington Ja. 24. FUNERAL DIRECTOR ADDRESS 25. DATE BECD. BY LOCAL REG. 26 REGISTRATE GRATURE  Olis L. Juliug - Kahaha M. 11/18 -57 H. Dridges	Ha C		Meh)	1000	water N	0 11/15/39
Olis L. Juliug - Kahaha M. 11/18 -57 LI Juliug		10	23c. NAME OF CEMETERY OR	CREMATORY 230	LOCATION (City, town, or county	Jawa
The state of the s	24. FUNERAL DIRECTOR		hala W	DATE RECO. BY LOCAL REG.	26 ABGISFMAR'S IGNATURE	egns
(Licensed Embalmer's Statesfent on Reverse Side)	<u> </u>	(Lie	ensed Embalmer's States	nent on Reverse Side)	V	<del></del>

## STATEMENT BY LICENSED EMBALMER

I hereby	certify the	at the body	whose name	is recorded on t	he reverse	side of this co	ertificate w	as eml
hy ma or hy		-	•			Student Fool	h-1 NT-	

working under my personal supervision..

working under my personal supervision.

Signature of Student Embalmer

Oti L. Sulling

P. O. Address Illed

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.